

**REMARKS**

Applicant is grateful to have received an indication of the allowability of the application. Applicant submits that the changes being made to the specification have been suggested by the Examiner, are simply editorial in nature, and no question of new matter or questions of further search arise. Further, Applicant submits that the title should not be construed to limit the scope of the claims, and Applicant submits that the Abstract does not impact the interpretation of or limit the scope or meaning of the claims.

The Examiner has further objected to claim 8. Applicant has amended claim 8 in a similar manner as suggested by the Examiner, and submits that such amendments overcome the objection. Applicant did not add "to form the assembly supportive device", as requested by the Examiner, since such phrase is not necessary. In particular, claim 8 already recites, "the assembly supportive device comprising". Therefore, any features following such phrase are assumed to form the assembly supportive device. If the Examiner has any questions regarding the amendment, Applicant respectfully requests the Examiner to contact the undersigned.

Also, the Examiner has not indicated that the drawings filed on October 2, 2003 are acceptable. However, since the Examiner maintains that the Application is in condition for allowance except for the formal matters discussed above, Applicant assumes that the drawings are acceptable.

Entry and consideration of this Amendment are respectfully requested.

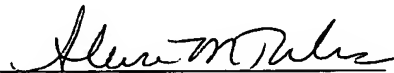
In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the

Amendment under Ex Parte Quayle Practice  
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Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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**23373**

CUSTOMER NUMBER

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